

1ST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 10/542551	FILED DATE			
CLAIMS								APPLICANT				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51					
2							52					
3							53					
4							54					
5							55					
6	1						56					
7		1					57					
8							58					
9							59					
10							60					
11							61					
12		1					62					
13			1				63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21		1					71					
22			1				72					
23							73					
24							74					
25			1				75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4						TOTAL IND.					
TOTAL DEP.	21						TOTAL DEP.					
TOTAL CLAIMS	25						TOTAL CLAIMS					